

DECLARATION AND POWER OF ATTORNEY
(Patent, Design or C-I-P Application)

As a below-named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are stated below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: IMPLANTABLE PROSTHETIC MESH SYSTEM, the specification of which

X is attached hereto
_____ was filed on _____ as Application Serial No. _____ and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-entitled specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.
I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 2 HEREOF: YES ☐ NO X

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

_____	_____
(Application Serial No.)	(Filing Date)
_____	_____
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first page of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

RALPH W. SELITTO, JR., Reg. No. 26,996; PAUL F. SWIFT, Reg. No. 34,938; JOHN K. KIM, Reg. No. 37,002; MARCELLA M. BODNER, Reg. No. 46,561; OMIRI M. BEHR, Reg. No. 22,940; E. RICHARD SKULA, Reg. No. 31,061; LOUIS J. CAPEZZUTO, Reg. No. 37,107; MATTHEW S. GOODWIN, Reg. No. 32,839; VERNE E. KREGER, JR., Reg. No. 35,231; and WILLIAM K. WISSING, Reg. No. 34,757

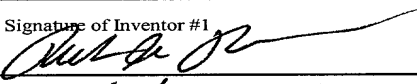
SEND CORRESPONDENCE TO: Ralph W. Selitto, Jr.
P.O. Box 1477
Edison, New Jersey 08818-1477

DIRECT TELEPHONE Ralph W. Selitto, Jr.
CALLS TO: (732) 777-9050

Full Name of Inventor #1	Last Name: ROUSSEAU	First Name: ROBERT	Middle Name: A.
Residence & Citizenship	City: OTTSVILLE	State or Foreign Country: PENNSYLVANIA	Country of Citizenship: U.S.A.
Post Office Address	Post Office Address: 736 GEIGEL HILL ROAD	City: OTTSVILLE	State or Country and Zip Code: PENNSYLVANIA 18942
Full Name of Inventor #2	Last Name:	First Name:	Middle Name:
Residence & Citizenship	City:	State or Foreign Country:	Country of Citizenship:
Post Office Address	Post Office Address:	City:	State or Country and Zip Code:
Full Name of Inventor #3	Last Name:	First Name:	Middle Name:
Residence & Citizenship	City:	State or Foreign Country:	Country of Citizenship:
Post Office Address	Post Office Address:	City:	State or Country and Zip Code:

LISTING OF INVENTORS CONTINUED ON PAGE 2 HEREOF: YES ☐ NO X

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor #1 	Signature of Inventor #2	Signature of Inventor #3
Date: <u>6/21/01</u>	Date:	Date:

SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOF: YES ☐ NO X